

Fee: \$20.00 per Wrestling Official Category

KENTUCKY BOXING AND WRESTLING AUTHORITY
APPLICATION FOR LICENSE
AS A WRESTLING OFFICIAL

I hereby make application for a license to officiate at wrestling matches as:

WRESTLING: **Event Staff** _____ **Referee** _____

In accordance with Kentucky law, applicants for license as a wrestling official are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license fee for each wrestling official is \$20.00, made payable to the *Kentucky State Treasurer*.

(Please Print in Ink) Complete this form entirely. DATE: _____

Name _____ **Social Security #** _____ - _____ - _____

Address _____ **City** _____

State _____ **Zip** _____ **Telephone (Home)** _____

Work _____ **Cell** _____ **Emergency** _____

Fax _____ **E-mail** _____

Date Birth _____ **Height** _____ **ft.** _____ **Weight** _____ **lbs.**

Occupation: _____ **Employer:** _____

City _____ **State** _____ **Zip** _____

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.

Describe your experience that would support your being granted a license to officiate. Please include the promotion you will be working (Continue on a separate sheet if needed):

Please list any names you work under: _____

Have you ever held a license to be a Wrestling Official in Kentucky?

☐ Yes ☐ No License # _____

Have you ever been licensed to be a Wrestling Official in another state(s)?

☐ Yes ☐ No License # _____ If yes, in what state(s) _____

Have you ever been convicted of a felony? ☐ Yes ☐ No **If yes, please provide details.**
You may use another sheet of paper if necessary.

Date _____ **Offense** _____ **Court** _____ **Disposition** _____

READ THE FOLLOWING VERY CAREFULLY:

I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and my subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.

Signature of Applicant

Date

PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS
ALL NEW APPLICATIONS SHALL BE SUBMITTED ALONG WITH A COPY OF A PHOTO ID OR BIRTH
CERTIFICATE AND PHYSICAL:

Kentucky Boxing and Wrestling Authority
P.O. Box 1360
Frankfort, KY 40602